

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

Serial No. **10/550784**
Filing Date
Applicant

CLAIMS

	AS FILED		AFTER CLASSIFICATION		AFTER REASSESSMENT			AS FILED		AFTER CLASSIFICATION		AFTER REASSESSMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		1					53						
4	1	2					54						
5							55						
6		2					56						
7	1						57						
8							58						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	6						TOTAL DEP.						
TOTAL CLAIMS	9						TOTAL CLAIMS						

BEST AVAILABLE COPY